

Case Management Agency Name:

Address:

Address:

Phone Number:

Date:

Applicant's Name:

Address:

Address:

Adult Day Services Wait List Notice

Dear

You have recently submitted an application for the Choices for Care, Moderate Needs program.

Due to a lack of funding or space at this time for Adult Day services, your name is being placed on a waiting list. You will be contacted when funding or space is available.

Please contact me if you have any questions.

Sincerely,

Case Manager